

## DONATION OF PTO/VACATION LEAVE FORM

I voluntarily donate PTO/Vacation leave to the recipient designated below. I understand that I may not revoke this donation. Once it has been credited to the recipient's family medical leave/sick leave balance no portion of the donated PTO/Vacation leave will be returned to me should the recipient return to work, terminate from County service or should any dollars/hours be recovered from the recipient.

DONOR (*Judicial classified* yes no)

RECIPIENT

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

EMPLOYEE ID # \_\_\_\_\_

EMPLOYEE ID # \_\_\_\_\_

DEPT # (formerly low org) \_\_\_\_\_

DEPT # (formerly low org) \_\_\_\_\_

HOURLY RATE: \_\_\_\_\_

HOURLY RATE: \_\_\_\_\_

To be completed by Department Representative

NUMBER OF HOURS DONATED: \_\_\_\_\_

NUMBER OF HOURS RECEIVED: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Donor*

\_\_\_\_\_  
*Date*

CALCULATED BY: \_\_\_\_\_  
*Department Representative*

### Calculation

\_\_\_\_\_  
Hourly Rate of Donor

X  
Multiplied by

\_\_\_\_\_  
# of Hours Donated

/  
Divided by

\_\_\_\_\_  
Hourly Rate of Recipient

=

\_\_\_\_\_  
Hours Donated to Recipient

**EXAMPLE** of donor making \$15/hr. donating 8 hours to recipient making \$9/hr.

\$15 X 8 / \$9 = 13.33 hours  
*Hourly Rate of Donor Multiplied by # of Hours Donated Divided by Hourly Rate of Recipient Hours Donated to Recipient*

\_\_\_\_\_  
*Donor Department Head's Signature*

\_\_\_\_\_  
*Recipient Department Head's Signature*

\_\_\_\_\_  
*Donor's Department Name*

\_\_\_\_\_  
*Recipient's Department Name*

\_\_\_\_\_  
Approved and Calculation Confirmed  
\_\_\_\_\_  
Not Approved, See Reason Below

\_\_\_\_\_  
TOTAL COMPENSATION DEPARTMENT REVIEWER